

**TRANSMITTAL  
FORM**

*(to be used for all correspondence after initial filing)*

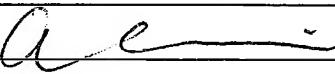
		Application Number	10/564,372
		Filing Date	7/16/2004
		First Named Inventor	Frank Schilke
		Art Unit	1618
Total Number of Pages in This Submission	23	Examiner Name	Blessing M. Fubara
		Attorney Docket Number	4385 - 053939

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
<b>Remarks</b>		
Declaration of Frank Schilke		
<input checked="" type="checkbox"/> Claim Fees Previously Paid: Total Claims <u>10</u> Total Indpen. Claims <u>1</u> <input type="checkbox"/> Claim Fees Due (see Fee Transmittal Form)		

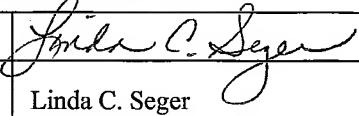
The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	The Webb Law Firm		
Signature			
Printed Name	Ann M. Cannoni		
Date	November 23, 2010	Reg. No.	35,972

**CERTIFICATE OF TRANSMISSION / MAILING**

I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or printed name	Linda C. Seger
Date	November 23, 2010